6. OTHER

In this section, you will find information on other critical components of a risk communication plan, including:

a.	A signed endorsement from the agency's		
	director	Page 119	
b.	First 12- and first 48-hour checklists	Page 122	
c.	Evaluate, revise, and update your		
	plan regularly	Page 126	

a. A signed endorsement from the agency's director/chairperson¹

Background: Importance of Endorsement from Director or Board of Health Chairperson

It is essential to obtain a signed letter of endorsement for your risk communication plan from the person who is ultimately responsible for protecting public health in your municipality. This may be the Health Director, the Board of Health Chairperson, the Mayor, or another individual in an authority position. This person should know that you've thought through the process, that you've coordinated your response planning, and that s/he has an important role in the ownership of the plan.

Steps for Obtaining a Signed Endoresement

- 1. Keep the endorsement to a couple of simple paragraphs.
- 2. Have the endorsement signed and dated
- 3. As the plan is updated, have the endorsement re-signed and re-dated.

Tools for Drafting Endorsement from Director

In the following pages, you will find the following tools to help you plan who will be responsible for communicating with the media, the public, and partners.

1. <u>Sample endorsement from MDPH</u>: This document contains sample text from the Commissioner's endorsement for the MDPH risk communication plan. It should give you an idea of what to draft for your director's endorsement.

Local Board of Health Risk Communication Plan Template

¹ Source: United States Centers For Disease Control and Prevention. 2002. *Crisis and Emergency Risk Communication*

Sample Endorsement from MDPH



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
RONALD PRESTON
SECRETARY
CHRISTINE C. FERGUSON
COMMISSIONER

Date

Dear Colleagues:

I am pleased to present the Massachusetts Department of Public Health's (MDPH) Risk Communication Plan. This plan details the steps that the Department will take to deliver timely, accurate, and effective messages to our partners, the general public, and groups with special communications challenges in the event of a public health emergency. In developing the plan, MDPH has worked closely with our stakeholders to consider both their information needs and their ability to assist the Department in reaching Massachusetts residents in the event of an emergency.

The Department's plan provides a clear framework for emergency communications, while at the same time allowing flexibility that enables it to be effective and practical over a range of possible scenarios. The plan recognizes the need to balance pre-determined procedures and protocols with the exercise of professional judgment by the Department's Senior Management Team and our partners in a crisis. It also discusses the evolving role of the MDPH Center for Emergency Preparedness in coordinating and supporting the emergency preparedness, response and communications functions of the Department.

The attached plan documents many practices that have been employed successfully over time by MDPH leadership. It also introduces several newly developed mechanisms for reaching special populations and working collaboratively with state agencies and other partners to deliver messages under emergency circumstances. Numerous appendices present details related to internal and external contact information, including MDPH staff contact information; media contacts; and contacts in local, state, federal and nonprofit agencies. The appendices present additional in-depth information about the organization of MDPH Centers, as well as Bureau-specific on-call policies, existing emergency response plans, and other practices that affect emergency response and communication. The appendices also contain checklists and other risk communication documents developed by the CDC.

It is important to underscore that the MDPH Risk Communication Plan is a work in progress. It will need to be continually updated to reflect changing contact information, technology advances, and organizational policies and procedures. The Department is committed to keeping our plan accurate over

time. As we work to enhance all aspects of MDPH's ability to prepare for and respond to a public health emergency, our ability to communicate effectively with our partners and the residents of the Commonwealth will remain a top priority.

Sincerely,

Christine C. Ferguson Commissioner

b. First 12- and first 48-hour checklists

Background: Importance of Creating First 12 and 48 hour checklists

During a public health emergency, events can occur very quickly. It is important to be as prepared as possible to respond to the emergency. As you pull together various components of your risk communication plan, it may be useful for you to develop a master checklist for the first 12 and first 48 hours of an emergency. This checklist could prove useful as a quick guide for your and your staff to determine what tasks have been accomplished and what needs to be done next.

Keep in mind that during a public health emergency, your agency will be operating within a unified command structure. Your agency will likely be responding to and communicating about public health emergencies in coordination with other agencies, including MDPH, as determined by the incident commander. Therefore, use these checklists to be prepared to play either a leading or supporting role in responding to and communicating about public health emergencies, depending on the specific nature of the event.

Steps for Creating/Updating Checklists

- 1. Start with the First 12 and 48 hour checklists produced by the CDC.
- 2. Consider tailoring them to the specifics of your organization.

Tools for Creating First 12- and 48 Hour Checklists

In the following pages, you will find the following tools to help you plan for communicating with the with the media, the public, and partners:

- 1. <u>First 12-hour Checklist</u>: Use this checklist as a starting point to develop a step-by-step response for the first 12 hours of a public health emergency.
- 2. <u>First 48-Hour Checklist</u>: Use this checklist as a starting point to develop a step-by-step response for the first 48 hours of a public health emergency.

FIRST 12 HOURS CHECKLIST

Step	1. Verify Situation:	Done
1.	Get the facts .	
2.	Was information obtained from additional sources to put event in perspective ?	
3.	Was information's origin ascertained?	
4.	Was the information source's credibility ascertained?	
5.	Is the information consistent with other sources?	
6.	Is the characterization of the event plausible?	
7.	If necessary, was the information clarified through a subject information expert?	
	2. Conduct Notification:	Done
	Have notifications/contacts been made to the appropriate persons in your organization?	
	Has your core team been briefed?	
3.		
4.	Has your communication team been briefed?	
5.	Have the elected officials at all levels been notified?	
6.	Have the appropriate local and/or county agencies been notified?	
7.	Have the appropriate state agencies been notified?	
8.	Have the appropriate federal agencies been notified?	
9.	Have other groups (board members, clients, residents, etc.) been notified?	
	3. Assess Level of Crisis:	Done
	Has a crisis level (A,B,C,D) been identified that corresponds to the event characteristics?	
2.	Have the hours of operation for the communication team been established?	
3.		
4.	Will federal agencies release information? States? Municipalities?	
Ston	4. Organiza and Giva Assignments	Dono
	4. Organize and Give Assignments: Are the functional teams activated?	Done
	Are the spokespeople activated?	
	Have you decided on the operation and schedule?	
4.	Were specific assignments given to each team or function?	
5.	Do all those involved know their roles and their immediate tasks?	
Step	5. Prepare Information and Obtain Approvals:	Done
	Have you planned for a timely release?	
	Has the accuracy of all information been checked?	
3.		
4.	Were the specific audience concerns addressed?	
5.	Does the message meet the criteria of good message development ? (See Appendix 15:	
٥.	Message Maps and Message Development Templates)	
6.	Have you anticipated media questions and developed answers?	
7.	Has the message been cleared for release?	
	6. Release Information to Public:	Done
1.	Have you released information as quickly as possible?	

2.	Was the same information given to all media at the same time?	
3.	Was the information released to other groups as planned? (partners, legislators, specific	
	interest groups, etc.)	
4.	Was the information released through other channels as planned? (Web, toll-free	
	telephone number, mailings or meetings)	

FIRST 48 HOURS CHECKLIST

Step	1. Notification:	Done
1.	Use your crisis plan's notification list to ensure all of the communication chain of command is aware and know you are involved.	
2.	Ensure your leadership is aware (especially if it comes from the media and not the EOC) of the emergency and that they know you are involved.	
3.	Give leadership your first assessment of the emergency from a communication perspective and inform them of the next steps you are taking. <i>Remember: Be first, be right, be credible.</i>	
Sten	2. Coordination:	Done
	Contact local, state, federal partners now.	Done
2.	If potential criminal investigation, contact FBI counterpart now.	
	Secure spokesperson as designated in the plan.	
	Initiate alert notification and call in extra communication staff, per the plan.	
5.	Connect with the EOC–make your presence known.	
5.	Connect with the Loc make your presence known.	
Step	3. Media:	Done
1.	Be first: Provide a statement that your agency is aware of the emergency and is involved in the response. (Use Appendix K: Message Development and Immediate Response forms)	
2.	Be credible: Give directions to media about when and where to get updates from your agency.	
3.	Be right: Start media monitoring for misinformation that must be corrected now.	
Step	4. Public:	Done
1.	Trigger your public information toll-free number if you anticipate the public will be seeking reassurance or information directly from your organization. (You can adjust hours of operation and number of call managers as needed).	
2.	Use your initial media statement as first message to the public.	
3.	Ensure your statement expresses empathy and acknowledges their concern about the uncertainty.	
4.	Give the pre-cleared facts you have and refer them to other information sites as appropriate.	
5.	Remind the public your agency has a process in place to mitigate the crisis.	
6.	Start public call monitoring to catch trends or rumors now.	
Step 5. Partner/Stakeholders:		Done
1.	Send basic statement to partners (same as media) to let them know you are thinking about them.	
2.	Use pre-arranged notification systems (preferably e-mail listserv).	
3.	Engage leadership to make important first phone calls, based on your plan, to partners and key stakeholders to let them know your agency is responding.	
4.	Use the internal communication system (e-mail) to notify employees that their agency is involved in the response and that updates will follow. Ask for their support.	
Step	6. Resources:	Done
	Conduct the crisis risk assessment and implement assignments and hours of operation	
_	accordingly. (Use Appendix N: Emergency Communication Event Assessment)	
2.	Stake out your pre-planned place in the EOC or adjoining area.	

b. Evaluate, revise, and update your plan regularly

Background: Importance of Evaluating, Revising, and Updating Plan

As is the nature of risk communication, things can change very quickly. Evaluating, revising, and updating your plan are just as important as creating a plan. An outdated Plan won't be of much use during an emergency. Your Plan will always be a work-in-progress as new information, contacts, and procedures are developed.

Steps for Evaluating, Revising, and Updating Plan

- 1. Gather evaluation responses from your director, staff, and partners/stakeholders on relevant components of your plan. Revise your plan accordingly based on their feedback.
- 2. As new information becomes available, consider the various components of your plan. How will this new information affect your plans and procedures? New information could include:
 - a. Discovery of a new public health threat
 - b. Updated procedures from your partners/stakeholders
 - c. New partners/stakeholders
- 3. Consider what information would be changed on a frequent or regular basis, including:
 - a. Messages
 - b. Procedures
 - c. Agreements
 - d. Partners/Stakeholder
 - e. Contact Information
- 4. Verify all updated information, and acquire approval, clearance, and endorsements.

¹ Source: United States Centers For Disease Control and Prevention. 2002. Crisis and Emergency Risk Communication.